

This Amendment provides responses to questions received to the Request For Proposal No. CFSA-03-R-0005, hereinafter referred to as the “Request For Proposal” or “RFP”. See PART I – RESPONSES TO QUESTIONS.

Additionally, this Amendment makes changes to the RFP. See PART II – CHANGES TO RFP.

All other terms and conditions of the RFP remain unchanged.

## **PART I – RESPONSES TO QUESTIONS**

### **1. Should vendors specify the program of interest or would we qualify to provide any program upon acceptance of proposal?**

Yes the Offerors should specify the CLINs (Contract Line Items Numbers) for which it is proposing services.

### **2. Is there a format we need to pick before submitting the proposal? If so, where?**

The Offerors should follow the instructions set forth in Section L of the RFP.

### **3. Will children currently placed in residential centers now be placed in one or more service categories in this RFP?**

Offerors should review Section C.5.10 for CFSA’s plan for children that currently fit the category of residential treatment.

### **4. Can you start with one service delivery program (i.e. Traditional) and over the course of the contract change to another program (i.e. Therapeutic)?**

Offerors must propose the service delivery program that it wants to be considered for an award. CFSA will not consider an Offeror for any CLIN (contract line item number) for which it has not submitted a proposal.

### **5. Can modifications be made to the contract once it is awarded and expanded to other service delivery programs?**

CFSA does not plan to modify contracts for selected contractors to change services if they did not originally propose the service and were selected for an award for the service proposed. Offerors may propose services for any or all CLINs for congregate care services.

### **6. With regard to past performance experience: What if your only government provider is CFSA?**

The requirement to provide a minimum of four past performance references has been changed by this Amendment to the RFP. See Part II – Changes to RFP.

**7. Can an Offeror propose a fixed unit rate and a variable rate?**

See Section L.2.1.7.1.

**8. If you have three (3) facilities under one organization and want to provide services to 13-15 traditional, 5-13 traditional and 16-21 traditional, do you submit one proposal or three?**

See RFP Sections L.2.1.3 and L.2.1.4. An Offeror may submit one Management proposal that outlines how the Offeror will provide services and separate Technical and Price proposals for each service proposed.

**9. Should Offerors submit ideas for linking to community-based services as part of this RFP, or wait for integrated services to be solicited in any upcoming community based service RFP?**

Each Offeror should submit its best proposal to meet the requirements set forth in this RFP.

**10. Can you explain the differences in the task numbers on the budget forms (See Attachment J.4, Table 1.4)?**

CFSA has amended the requirement for cost/pricing data package (Attachment J.4) with this RFP Amendment. Offerors should use the CFSA Budget Package discussed in paragraph K of this RFP Amendment. An electronic version of the new Attachment J.4 will be put on the CFSA website with this RFP Amendment.

**11. What is the purpose of a guaranteed minimum of \$1000?**

The guaranteed minimum amount is the total amount that CFSA will guarantee under any contract issued to a selected Offeror. There is no guaranteed minimum of children or slots provided for in this RFP.

**12. How many copies of the complete proposals does CFSA require by the closing date?**

See Section L.2

**13. Will individual task orders be issued for each placement? How will services be requested?**

CFSA will provide this information upon the issuance of the contract.

**14. When will the request for proposal related to family based care be issued by the Child and Family Services Agency?**

CFSA has not published an issuance date for the request for proposals related to family-based care.

**15. Are group homes only for children aged 13-15?**

Traditional Group Home Care is for children aged 13 through 15, as well as youth aged 16 and 17 who are not ready for Independent Living programs nor have family-based care options available to them. See Part II to this Amendment-Changes to RFP.

**16. How many contracts will be allotted in Virginia?**

CFSA will not be allotting contracts by geographical area.

**17. Is an Offeror required to be licensed at the time the response to the Request For Proposal is submitted to CFSA?**

No. Offerors must be licensed to receive an award. See Section M.1.1.

**18. What is the preference location of the facility?**

Offerors proposing facilities located in the District of Columbia will receive more evaluation points in accordance with the RFP evaluation criteria.

**19. Do you have to accept all kids, regardless of profile? What happens if you reject a child?**

See Section H.6. Contractor must accept all children regardless of profile. See also Section C.4.1.7

**20. Must all properties in the proposal be inspected and approved by CFSA by September 10, 2003?**

To be licensed, an applicant must either own or have a valid lease in the property. Licensure is required for a contract award.

**21. Is October 1, 2003 to be the start date of the contract?**

For pricing purposes in response to the RFP, the Offerors shall assume a start date of October 1, 2003.

**22. Where can copies of previous RFPs be found?**

Previous RFPs for congregate care services do not provide any relevant information to this procurement.

**23. Throughout the RFP, Sections are noted as “Reserved”. One example is found on page 34, Section C.3.1.2. What does this mean?**

“Reserved” was used during the editing of the RFP to keep the numbering sequence in order as a result of changing the content and order of RFP sections.

**24. Re Attachment J.4: Will electronic versions of CFSA Budget Package be made available?**

Yes. See Part II to this Amendment-Changes to RFP, and new Attachment J.4. The RFP and all Amendments and Attachments are available at [www.cfsa.dc.gov](http://www.cfsa.dc.gov).

**25. One overall question – are the first year Congregate Care contracts going to have as many slots as CFSA currently has under contract? And if not, what is their plan for moving children, ensuring that children currently in Congregate Care have somewhere to go when the new contracts go into effect?**

CFSA plans to gradually reduce congregate care services. See Section C.1, Background.

**26. On page 10 of the RFP, item 0001CD, Teen Parents, no maximum number of residents has been specified. On pages 13, 15, 19 and 22, Items Nos. 0002CD, 0003CD, 0004CD and 0005CD, the maximum number of residents has been specified as 8. Does this mean a maximum of 8 mothers and 8 babies, or a maximum of 4 mothers and 4 babies?**

The maximum number of residents for CLIN 0002CD, 0003CD, 0004CD and 0005CD has been corrected to state: “Maximum # of Teen Residents: 8”. See Part II of this Amendment-Changes to RFP.

**27. On page 110, it is stated that Section L.2.1.4.4 should contain an “explanation of how the Offer will make use of other community based services, which conform to generally accepted reporting and accounting requirements” (Our emphasis.) What does this mean? In what way can a service, or an Offeror use of a service, conform to generally accepted reporting and accounting requirements? Please clarify this requirement?**

Paragraph L.2.1.4.4 has been revised-see Part II to this Amendment-Changes to RFP.

**28. It is stated that Section L.2.1.4.7 of the Management Proposal should contain information about “how Offeror will comply with requirements of the Statement of Work, Section C of the RFP.” Which Section C requirements do we address in the Management Proposal and which Section C requirements do we address in the Technical Proposal?**

Each Offeror shall use its best judgment to respond to the requirements of the RFP.

- 29. On page 110, it is stated that Section L.2.1.4.1 of the Management Proposal should contain information on "Staffing: Number, title, education and experience. Amount of time each staff devotes to contracted service and qualifications. "Section L.2.1 also states that each Technical Proposal should have a section on staffing patterns/qualifications. What staffing information belongs in the Management Proposal and what staffing information belongs in the Technical Proposal?**

Each Offeror shall use its best judgment to respond to the requirements of the RFP.

- 30. On page 110, it states that Section L.2.1.4.6 should contain information on "Location, physical plant, equipment available, special record keeping requirements." On page 115, it is stated that Section L.2.1.5.5.2 of the Technical Proposal Teen Parents Program should contain information on the Physical Plant Requirements. What physical plant information belongs in the Management proposal and what physical plant information belongs in the Technical proposal?**

Each Offeror shall use its best judgment to respond to the requirements of the RFP.

- 31. On page 129, Section M.3.4, Preference, describes the preference that will be given to local, disadvantaged businesses, resident business ownership, or business operating in and Enterprise Zone, which will account for 12 points towards the 112 total points in the evaluation process. We would like to request that percentages be derived out of the scores of each application and that the scores of nonprofit organizations be calculated out of the total 100 points they can possibly achieve, and the scores of for-profit organizations be calculated out of the total 112 points they can possible achieve.**

CFSA must abide by the evaluation criteria set forth in the RFP, which is prescribed by District of Columbia law pertaining to preference points for Local, Small Disadvantaged Business Enterprises (LSDBEs).

- 32. In Attachment J.4, Section 1.4, it states that "the Offeror must submit its cost/price proposal in hard copy as well as on a diskette, which is in a format (i.e. MS Office, Lotus 1-2-3, etc.) specified and/or provided by the Agency Contracting Officer in the solicitation package." We have not been able to find format specification anywhere in the RFP. Please inform us in what format the cost/price proposal should be.**

Section L.2.1.7 specifies the price proposal requirements to be submitted. Attachment J.4 specifies the format for cost/price data to be submitted to support the Offerors proposed price. Offerors are encouraged to submit a diskette that meets the requirements specified

in Section L for the price proposal. Attachment J.4 has been changed by this Amendment.

**33. If a vendor is operating a teen mothers program and is licensed as a group home by CFSA, do they qualify to respond to the RFP? The RFP states that Teen Parents Programs are independent living programs. (p.53, § C.5.9.1 and elsewhere)**

The RFP requires a Teen Parent program to be licensed as an Independent Living facility under 29 DCMR Chapter 63. Teen Parents and their young children shall be placed in family-based care, unless the Teen Parent is ready to live in an Independent Living program.

**34. A diagnostic and assessment facility (shelter) calls for a 2:1 staff to youth ratio. How will this expectation related to staffing ratios be articulate with a current certificate of occupancy and current youth residential facility license to operate a facility such as this with a 4:1 staff to youth ratio? (p45, C.5.3, C5.3.5)**

The Certificate of Occupancy (COO) establishes the maximum number of residents permitted in a building. The licensed capacity may be less, but not more, than the COO. A facility must also comply with the staff-to-resident ratios set out in the licensing rules, 29 DCMR Chapter 62 or Chapter 63, as appropriate.

**35. How must social workers be licensed?**

The personnel requirements are outlined in 29 DCMR Chapters 62 and 63.

**36. If a current licensed vendor submits a proposal for services in excess of its capacity, is a new license required?**

It is a violation of the license and licensing rules to exceed the capacity identified on the license for a facility. The information on the face of the license indicates whether the locations are considered as individual settings.

**37. Whom should you contact to obtain licensure?**

Send a letter to Tykia Sanders, Office of the Deputy Director for Licensing and Monitoring, DC Child and Family Services Agency, 400 6<sup>th</sup> Street, SW, Washington DC 20024, specifying whether you are seeking a licensing packet for an independent living program, runaway shelter, emergency care facility, or youth group home.

**38. Request For Proposal indicates the number of youth served in a single congregate care facility will be restricted to eight (8). Is there an exception under the Request for Proposal for facilities that are currently licensed for a capacity greater than (8) or will the current case-by-case approval process for kids beyond 8 still be applicable. (p29, C.2.8.2)**

There is no variance process associated with this RFP. Additionally, the licensing variance process is separate from the placement process.

**39. Is start up money granted for new businesses?**

No.

**40. How many licenses are required for traditional group and independent living programs?**

The licensing requirements are set out in 29 DCMR Chapter 62 and Chapter 63, as appropriate.

**41. Is there a set procedure for fire drills or is each organization responsible for creating/implementing procedures?**

A facility develops and implements the appropriate fire drill for that facility, subject to review and approval from the appropriate municipal authorities.

**42. Can 501(c)(3) status be pending or is it required to start an independent living program?**

Providers need not have nonprofit status under Section 501(c)(3) status to be licensed.

**43. What are the timing requirements for an application for a license?**

CFSA has sixty (60) days from the date a proposed provider files a completed application to conduct its review and either grant or deny the application or grant a provisional or restricted license. The completed application should be filed as soon as possible for the application process to be completed and a license granted before an award.

**44. If a vendor is operating a Teen Mothers Program which has been licensed as a group home, can we respond to the RFP, which classified Teen Parent Programs as independent living programs? Are there in fact going to be some group homes for teen mothers? Will the mothers in these group homes have to be aged 13 to 15, instead of 16 to 21?**

The RFP requires a Teen Parent program to be licensed as an independent living program under 29 DCMR Chapter 63. A license is required in order to receive an award.

**45. What if the youth does not come with a health care plan? What services will the vendor be required to provide in that case? (C.4.6.1)**

The requirements set forth in the licensing regulations address the requirements for health care for residents.

- 46. Individualized Habilitation Plans are specifically for individuals with mental retardation or developmental disabilities. Does the language in this section apply only to vendors working with this population of youth or is CFSA suggesting that all youth will have IHPs for some reason? How will Offerors know that they can meet the specialized needs of the child upon admission?**

Individualized Habilitation Plans are only required for children with mental retardation or developmental disabilities. Each Offeror shall use its best judgment to respond to the requirements of the RFP.

- 47. Are CFSA vendors responsible for providing services listed in a child's Individualized Education Plan (IEP) Could you clarify Section C.4.7.3.**

The requirements set forth in the licensing regulations address the educational services to be provided to the resident by an Offeror..

- 48. Does Section C.5.9.5 apply only to Independent Living-Main Facility programs?**

Yes.

- 49. Will a residential group home license suffice for submitting a proposal for an independent living program?**

No.

- 50. Must only supervisors be trained to administer medications?**

The licensing regulations set forth the requirements for administration of medications.

- 51. On page 37, it is stated that: "Offerors and CFSA shall jointly develop an Individual Service Plan (or case plan) and Individual Transitional Independent Living Plan (ITILP) consistent with court orders." In Section L.2.1 of the RFP, describing the content and organization of the proposal, the ITILP is only referred to in the parts about Independent Living Programs, Assisted Living Programs, and Teen Parent Programs. Do all clients require ITILPs or only certain types of clients? Do all clients require Individual Service Plans? is it possible for a client to have both an Individual Service Plan and an ITILP?**

Under the licensing rules, each resident of an Independent Living Program must have an ITILP. Under the licensing rules, each resident of a runaway shelter, emergency care facility or youth group home must have an Individual Service Plan.

- 52. On page 43, Section C.4.13 is titled "Life skills Training (Independent Living)" (our emphasis) and Section C.4.13.2 states that "Offerors shall prepare teens fifteen years and older for independent living . . ." (our emphasis). On page 110, there is no separate section in the instructions for the Community Based Group**

**Homes proposal for Life Skills Training under Program Design/Services. Is life skills training necessary for fifteen-year-olds in group homes or is it only part of Independent Living Programs, Assisted Living Programs, and Teen Parent Programs? Also, the licensing regulations for group homes state that Independent Living Skills training must be provided for all youth fourteen years and older (Title 29, Chapter 6270). Please clarify the requirements for provision of independent living skills/life skills training.**

Under the licensing rules, independent living skills must be taught to residents of runaway shelters, emergency care facilities and youth group homes as early as practicable, but no later than the resident's 14<sup>th</sup> birthday. The rules further set out what to be included in such training. The ILP licensing rules also require teaching of independent living skills to residents, and set out what must be included in such training.

**53. Children need to be registered and connected with the Department of Mental Health and core agencies. Currently when we try to establish such connections we are told referrals must be done by a CFSA worker. Will this barrier be removed and/or will children be come referred with pre-established eligibility criteria that will assist the provider?**

CFSA is working closely with DMH to establish clear procedures for children and families to be registered with core service agencies. Currently, referrals can be made by the CFSA social worker and/or the Office of Clinical Practice Health Services staff.

**54. Please address single sex requirements in Diagnostic and Assessment Facilities? Base year or phased in?**

The requirement for single-sex facilities applies to all service categories except Diagnostic and Emergency Care for children 12 and younger. See Part II to this Amendment-Changes to RFP.

**55. What is the process for coordinating the discharge planning and admission with the clinical support division?**

All discharges will be coordinated through the CFSA social worker with support from the placement office and the congregate liaisons within the Office of Clinical Practice.

**56. Clarify the difference and the roles of DC Kids and CFSA's Health Services Division?**

CFSA Health Services Division provides a medical consultation and oversight of the DC Kids program. Health Services Division also provides mental, medical and behavioral linkages for services to children and families. All health related service requests are initiated through the Health Services Division. Health Services collaborate and work with the social worker by assisting with navigation through the healthcare system. Our role mirrors that of a consultant internally as well as externally. DC Kids is the direct

healthcare service provider for CFSA foster care population. DC Kids processes referrals/requests as well as provides services through our prime contractor, Children's National Medical Center and subcontractors.

**57. Please discuss the process and role of the Multi-Agency Planning Team (MAPT)?**

The role of the MAPT with CFSA children is to staff children at risk of residential treatment and/or referred for residential treatment. All cases are referred through the Department of Mental Health for staffing. Referrals are coordinated by CFSA Social Workers and Managers.

**58. CLIN 0001AA-There was mention of phasing-out 12 & younger Diagnostic services. Over what time period? What is the goal?**

It is expected that the phasing out of Diagnostic and Emergency care for children 12 and younger will meet the Implementation Plan guidelines.

**59. Will children currently placed in Residential Treatment Centers now be placed in one or more service categories in this RFP?**

Offerors should review Section C.5.10 for CFSA's plan for youth that fit the category of Residential Treatment.

**60. What does it mean for a youth to be registered with the Department of Health? What about undocumented youth?**

All children and youth in need of mental health and behavioral services should be referred through the Department of Mental Health to receive these services through a core service agency. This service can be obtained through the Access Help Line of the Department of Mental Health. The CFSA Office of Clinical Practice, Health Services Division can also assist in those linkages.

**61. In this RFP will providers have full case responsibilities? If so, what would be the responsibilities of assigned CFSA social workers?**

Offerors will not have any full case management responsibility; they will only play a supportive assistance role.

**62. Concerning CLIN 0001AA, Diagnostic and Emergency Care 12 & younger, and CLIN 0001AB, Diagnostic and Emergency Care 13 & older: I Would CFSA consider permitting providers to propose a maximum of 16 youth in the interest of efficiency and cost savings?**

Offerors may propose a maximum of 50 units of Diagnostic and Emergency Care

for children 12 and younger in the base year, and a maximum of 20 units in each of the option years. Offerors may propose a maximum of 16 units for Diagnostic and Emergency Care 13 & older in the base year and each option year. See Part II to this Amendment-Changes to RFP.

**63. Can you please talk a little about the kinds of community linkages you are looking for?**

Community linkages should include, but not be limited to community based service organizations, extended day activities, educational/recreational activities, linkages to Department of Mental Health, Department of Human Services and MRDDA in those situations where children need to be transitioned into the adult system.

**64. Re: disruption staffings. How quickly is CFSA going to commit to holding a disruption staffing once requested by a vendor? Is the vendor going to be responsible financially for providing “any recommended support services? Is this requirement open-ended? (e.g. if it takes three months for CFSA to secure an “appropriate placement” will the vendor be required to keep the youth that long and provide the services for that long?**

Offerors shall propose rates that are expected to cover all services that it will provide.

**65. Is CFSA expecting to pay (through program budgets) for vendors to have their own physicians on call?**

Offerors shall propose rates that are expected to cover all services that it will provide.

**66. Section C, paragraph, C4.7.1(a) - Mental health screens for all youth? Who is supposed to provide these and who is going to pay? They are not covered by DMH under Rehabilitation Services unless there is cause.**

Offerors shall propose rates that are expected to cover all services that it will provide.

**67. In Section C, paragraph C.4.7.1(b). How do these requirements interact with DHM timeframes?**

Each Offeror shall use its best judgment to respond to the requirements to the RFP.

**68. In Section C, paragraph C.4.9.9 and 10 – Is CFSA saying that they will pay vendors (through their CC budgets) for the costs of tutoring and mentoring? And why is CFSA setting criteria but then suggesting that the financial responsibility will fall on the Congregate Care vendors?**

Offerors shall consider in preparing their price proposals all costs that they expect to incur in order to provide the services included in their proposals.

**69. In Section C, paragraph C.5.9.7 – Is CFSA going to pay for medical consultation?**

Offerors shall consider in preparing their price proposals all costs that they expect to incur in order to provide the services included in their proposals.

**70. In Section C, paragraph 5.9.9 Is CFSA going to compile a list of “all relevant health programs for use by vendors?”**

Each Offeror shall use its best judgment to respond to the requirements to the RFP.

**71. Must Offeror present with its response on 9/10/03 proof of ownership in properties in order to submit a viable bid? Alternatively, can the Offeror submit to you option agreement or a real property agreement contingent on an award from your agency?**

See Answer to Question 20.

**72. Can you provide prospective bidders with CFSA’s existing rate schedule for this fiscal year as well as the process utilized by your agency to develop a rate?**

No. CFSA does not have a rate schedule.

**73. If not confidential, where can prospective bidders locate a listing of congregate care providers licensed pursuant to Title 29, Chapter 62 and 63? Are any of such providers operating under existing contracts with CFSA? If yes, are the terms and conditions the same as those in the RFP in question?**

Requests for this information should be submitting as a request under the Freedom of Information Act (FOIA) , addressed to Mindy Good, Public Information Officer, Child and Family Services Agency, 400 Sixth Street, SW, Washington, DC 20024.

**74. Are your licensed congregate care providers eligible to receive LBE status?**

Local Small Disadvantaged Business Enterprise (LSDBE) certification and eligibility is determined by the District of Columbia’s Office of Local Business Development

**75. Would Maryland Minority Business Enterprise/Disadvantaged Business Enterprise be viewed favorably in the evaluation process?**

There are no preference points in the evaluation for providers certified as Maryland Minority Business Enterprise/Disadvantaged Business Enterprise.

**76. Does the D.C. Government have a statute or regulation that requires that procurement preferences be given to a locally based vendor?**

Yes.

**77. Does CFSA have preferred and non-preferred providers where placement preference is given to the provider with a preferred provided status (within the average rate for providers offering comparable services)?**

No.

**78. How often are CFSA's rates reviewed and are rate letters issued annually and if yes, when?**

No. CFSA does not review rates periodically and rate letters are not annually issued.

**79. Are the extensive community based services to be factored into the proposed rate by the Offeror?**

Offerors shall propose rates that cover all of the proposed and required services set forth in the RFP.

**80. Can the regulations, Title 29, Chapter 63 Independent Living be found on line? If yes, what is the web site?**

No.

**81. Do you anticipate an extension to the submission of the responses? If yes, how will and how soon will we be notified?**

The deadline for proposal submission has been changed with this Amendment. The deadline is now **September 17, 2003 at 4:00 p.m.** See Part II to this Amendment- Changes to RFP. All Amendments and Attachments are available at [www.cfsa.dc.gov](http://www.cfsa.dc.gov).

**82. Can you provide all prospective bidders any and all agreements or MOUs that you have with Maryland when placing DC children in Maryland?**

Requests for this information should be submitting as a request under the Freedom of Information Act (FOIA), addressed to Mindy Good, Public Information Officer, Child and Family Services Agency, 400 Sixth Street, SW, Washington, DC 20024.

**83. Must the Interstate Compact for the Placement for Children be adhered to prior to placements in Maryland and Virginia?**

Yes.

**84. Has CFSA determined whether Maryland's licensure for child care providers are comparable to D.C.'s?**

Congregate Care providers who are licensed in other states do not need to be licensed by CFSA; however, all providers must provide services that conform to the requirements of the District of Columbia licensing regulations, even if those requirements are more stringent than those of the state in which the provider is licensed. See Part II of this Amendment-Changes to RFP.

**85. How many congregate care vendors do you anticipate awarding contracts?**

CFSA anticipates awarding multiple contracts sufficient to cover the capacity expected for congregate care services. See sections B.1.2 and B.4 and Section M.1.1

**86. Will there be contract opportunities similar to this one after awards are made pursuant to this solicitation?**

This RFP set forth the requirements that CFSA anticipates will be necessary to meet the requirements for congregate care services. CSFA will be soliciting requirements for Family Based Care in the near future.

**87. What could happen in the process to alter the commencement date of October 1, 2003.**

Unless changed by a written amendment to the RFP, the schedule for this procurement remains unchanged.

**88. Have you determined the 25-mile boundary lines for both Maryland and Virginia? If yes, what are they?**

For purposes of the RFP, an Offeror's proposed facility must be located within 25 miles of the nearest District border.

**89. Are there ethics requirements in D.C. that would mandate that an attorney register as a lobbyist, if involved in the procurement process?**

CFSA cannot provide legal advice to prospective Offerors.

**90. Are there any licensing agreements among D.C. and its neighboring states, related to mixing of DC foster children with Maryland or Virginia foster children?**

No.

**91. Are all requested policies to be filed with the answer or kept on file for review by the licensing coordinator?**

The licensing requirements of 29 DCMR Chapters 62 and 63 address this issue.

**- - - - - END PART I - - - - -**

## **PART II – CHANGES TO RFP**

### **A. Section B.9 PRICE SCHEDULE**

Section B.9, PRICE SCHEDULE is replaced in its entirety with the attached revised Section B.9, PRICE SCHEDULE, below.

### **B. Section C.1.3** is changed as follows:

In line 8, the phrase “aged 13 through 15” is deleted.

### **C. Section C.3.1.1** is changed to read in its entirety:

Offerors shall house male and female residents in separate, single sex facilities, with the exception of Diagnostic and Emergency Care for children aged 12 and younger.

### **D. Section C.3.1.3** is changed as follows:

The phrase “aged 13 to 21” in the first sentence is deleted.

### **E. Section C.5.1.1, line 3)** is changed to read in its entirety:

“3) Traditional Group Home Care for youth aged 13 through 15, as well as youth aged 16 and 17 who are not ready for Independent Living programs nor have family-based care options available to them.”

### **F. Section C.5.4.1** is changed to read in its entirety:

“Over the next several years, CFSA plans to gradually reduce the use of group homes for youth under the age of 16 in favor of family-based care. CFSA continues to recruit family-based care to meet the needs of children and youth. While expanding this capacity, group homes shall serve youth in one of two types of group home care: (1) Traditional Group Home Care for youth aged 13 through 15, as well as youth aged 16 and 17 who are not ready for Independent Living programs nor have family-based care options available to them, and (2) Specialized Group Home Care, for children 13 through 15. While these two types of care may be offered in distinct settings, or in an integrated fashion within a single facility, they shall be assigned distinct requirements and rates.”

### **G. Section C.5.2.2** is changed to read in its entirety:

“CFSA is contracting for a maximum of 50 units of “Diagnostic and Emergency Care for Children 12 and Younger” during the base contract year, and a maximum of 20 units in each of the option years. These numbers indicate maximum capacity for this type of care.”

**H. Section C.5.5.1** is changed as follows:

The phrase “aged 13 through 15” is replaced with the following: “Aged 13 through 15, as well as youth aged 16 and 17 who are not ready for Independent Living programs nor have family-based care options available to them.”

**I. Section C.5.9.5** is changed to read in its entirety:

“Offerors shall maintain a resident to staff ratio of 4 residents to 1 staff during day hours, 3 residents to 1 staff during evening hours, and 4 residents to 1 staff during night hours. Staffing requirements over and above this ratio call for an additional staff member for every 2 young children residing at the facility, but in no event less than 2 staff members any time a resident is present in the facility. Offerors shall propose staffing patterns that are consistent with these requirements, while also ensuring staff coverage for times of peak occupancy of the facility.”

**J. Section C.5.9.6** is changed to read in its entirety:

“Teen Parent Programs shall not serve more than 8 teen residents in a single facility.”

**K. Attachment J.4**

Attachment J.4 is hereby replaced with a new Attachment J.4, CFSA’s Budget Package.

**L. Attachment J.10, Glossary**, is changed as follows:

In the definition of Traditional Group Home Care, the phrase “aged 13 through 15” is replaced with the following: “Aged 13 through 15, as well as youth aged 16 and 17 who are not ready for Independent Living programs nor have family-based care options available to them.”

**M. Section L.1.2.2**. The Table is revised as follows:

<u>Minimum Item No.</u>	<u>Maximum Service</u>	<u>Quantity</u>	<u>Quantity</u>
0001AA	Diagnostic and Emergency Aged 12 and Younger	4 slots	50 slots
0001AB	Diagnostic and Emergency Care Aged 13 and Older	4 slots	16 slots
0002AA	Diagnostic and Emergency Aged 12 and Younger	4 slots	20 slots
0002AB	Diagnostic and Emergency	4 slots	16 slots

	Care Aged 13 and Older		
0003AA	Diagnostic and Emergency Aged 12 and Younger	4 slots	20 slots
0003AB	Diagnostic and Emergency Care Aged 13 and Older	4 slots	16 slots
0004AA	Diagnostic and Emergency Aged 12 and Younger	4 slots	20 slots
0004AB	Diagnostic and Emergency Care Aged 13 and Older	4 slots	16 slots
0005AA	Diagnostic and Emergency Aged 12 and Younger	4 slots	20 slots
0005AB	Diagnostic and Emergency Care Aged 13 and Older	4 slots	16 slots

**N. Section L.2.1.3, Management Proposal**

The first sentence of the paragraph is changed to read as follows:

“The Offeror shall submit one management proposal for all congregate care services proposed.”

**O. Section L.2.1.4.4**

The following phrase is deleted from the end of the section:

“ . . .which conform to generally accepted reporting and accounting requirements.”

**P. Section L.2.1.6, Past Performance/Experience**

The first sentence in the paragraph is changed to read as follows:

“The Offeror must provide references for any government agencies for which it has previously provided congregate care services.”

**Q. Section L.4, Hand Delivery Or Mailing Of Proposals**

The following sentence is hereby added to the end of the paragraph:

“Proposals submitted by electronic mail (e-mail) **WILL NOT** be accepted.”

**R. Section M.1.1, Contract Awards and Selections**

The last two sentences in the paragraph are changed to read as follows:

“Congregate Care providers who are licensed in other states do not need to be licensed by CFSA; however, all providers must provide services that conform to the requirements of the **District of Columbia** licensing regulations, even if those requirements are more stringent than those of the state in which the provider is licensed.”

**S. Section M.3.2, Past Performance Criteria**

The first sentence in the paragraph is changed to read as follows:

“The Offeror must provide references for any government agencies for which it has previously provided congregate care services.”

**T. Section L.3.1, Proposal Submission**

The deadline for proposal submission is hereby changed to **September 17, 2003 at 4:00 p.m.**

**U. Section L.5, Explanation to Prospective Offerors**, is changed to read in its entirety:

“If a prospective Offeror has any questions relative to this solicitation, the prospective offeror shall submit the question in writing to Jonathan R. Seeman, Agency Chief Contracting Officer, at the address indicated on page one of this RFP, in writing. As stated by the Contracting Officer at the pre-proposal conference conducted on August 12, 2003, and as stated in the Guidelines distributed at that Conference, the District will not consider any questions received after August 14, 2003 at 4:00 p.m. The District will answer questions at the District’s discretion. If the District elects to furnish a response, it will do so as an Amendment to the RFP. Oral explanations or instructions given before the award of the contract will not be binding.”

**B.9 PRICE SCHEDULE (REVISED)****B.9.1 BASE PERIOD: 10/1/03 THROUGH 9/30/04 (For Pricing Purposes).**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted by CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Child Per Day)</u>	<u>Not to Exceed Amount</u>
0001AA	Diagnostic and Emergency Care Aged 12 and Younger.  (See Section Paragraph C.5.2 )  <b>Guaranteed Minimum Amount is \$1000.00</b>	50	_____  <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>50</u> slots)</i>	_____  _____	_____  _____
0001AB	Diagnostic and Emergency Care: Aged 13 and Older  (See Section C Paragraph C.5.3)  <b>Guaranteed Minimum Amount is \$1000.00</b>	50	_____  <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i>	_____  _____	_____  _____

Item No.	Supply/Services	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	Unit Price (Child per day)	<u>Not to Exceed Amount</u>
0001BA	Traditional Group Home Care  (See Section C Paragraph C.5.4)  Maximum residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	          <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>		
0001BB	Specialized Group Home Care (Level III)  (See Section C Paragraph C.5.5)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	42	          <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>		
0001CA	Independent Living Main Facility Programs  (See Section C Paragraph C.5.6)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	          <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i>		
0001CB	Independent Living Residential Units  (See Section C paragraph C.5.7)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	          <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i>		

Item No.	Supply/Services	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	Unit Price (Child Per Day)	<u>Not to Exceed Amount</u>
0001CC	Assisted Living (Level III)  (See Section C Paragraph C.5.8)  <b>Guaranteed Minimum Amount is \$1000.00</b>	16	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i>		
0001CD	Teen Parent Programs  Maximum # of Teen Residents: 8  (See Section C Paragraph C.5.9) <b>Guaranteed Minimum Amount is \$1000.00</b>	80	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>24</u> slots)</i>		
0001CE	Community Based Return Diversion  (See Section C Paragraph C.5.10)  <b>Guaranteed Amount is \$1000.00</b>	50	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>		
0001CF	Specialized Group Home Care (Level IV)  (See Section C Paragraph C.5.5)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	8	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>8</u> slots)</i>		
0001CG	Assisted Living (Level IV)  (See Section C Paragraph C.5.8)  <b>Guaranteed Minimum Amount is \$1000.00</b>	4	<i>*(Offeror shall propose no fewer than 4 slots</i>		

**B.9.2 OPTION PERIOD 1: 10/1/04 THROUGH 9/30/05**

<b>Item No.</b>	<b>Supply/Services</b>	<b><u>Maximum Quantity to be Contracted by CFSA</u></b>	<b><u>Offeror's Proposed Quantity</u></b>	<b>Unit Price (Child Per Day)</b>	<b>Not to Exceed Amount</b>
0002AA	<p>Diagnostic and Emergency Care: Age 12 and Younger.</p> <p>(See Section C Paragraph C.5.2)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	20	<p>_____</p> <p><i>*(Offeror shall propose no fewer than 4 and no more than <u>20</u> slots)</i></p>	_____	_____
0002AB	<p>Diagnostic and Emergency Care: Aged 13 and Older.</p> <p>(See Section C Paragraph C.5.3)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	45	<p>_____</p> <p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i></p>	_____	_____
002BA	<p>Traditional Group Home Care</p> <p>(See Section C Paragraph C.5.4)</p> <p>Maximum residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	90	<p>_____</p> <p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i></p>	_____	_____

0002BB	Specialized Group Home Care (Level III)  (See Section C Paragraph C.5.5)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	38	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>	<hr/>	<hr/>
<b><u>Item No.</u></b>	<b><u>Supply/Services</u></b>	<b><u>Maximum Quantity to be Contracted By CFSA</u></b>	<b><u>Offerors' Proposed Quantity</u></b>	<b><u>Unit Price (Child Per Day)</u></b>	<b><u>Not to Exceed Amount</u></b>
0002CA	Independent Living Main Facility Programs  (See Section C Paragraph C.5.6)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i>	<hr/>	<hr/>
0002CB	Independent Living Residential Units  (See Section C Paragraph C.5.7)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i>	<hr/>	<hr/>
0002CC	Assisted Living (Level III)  (See Section C Paragraph C.5.8)  <b>Guaranteed Minimum Amount is \$1000.00</b>	16	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i>	<hr/>	<hr/>

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Child Per Day)</u>	<u>Not to Exceed Amount</u>
0002CD	<p>Teen Parent Programs</p> <p>(See Section C Paragraph C.5.9)</p> <p>Maximum # of Teen Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	72	<p>_____  <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>24</u> slots)</i></p>	_____	_____
0002CE	<p>Community Based Return Diversion.</p> <p>(See Section C. Paragraph C.5.10)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	45	<p>_____  <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i></p>	_____	_____
0002CF	<p>Specialized Group Home Care (Level IV)</p> <p>(See Section C Paragraph C.5.5)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	7	<p>_____  <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>7</u> slots)</i></p>	_____	_____
0002CG	<p>Assisted Living (Level IV)</p> <p>(See Section C Paragraph C.5.8)</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	4	<p>_____  <i>*(Offeror shall propose no fewer than <u>4</u> slots)</i></p>	_____	_____

**B.9.3 OPTION PERIOD 2: 10/1/05 THROUGH 9/30/06**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Child Per Day)</u>	<u>Not to Exceed Amount</u>
0003AA	Diagnostic and Emergency Care: Aged 12 and Younger  (See Section C Paragraph C.5.2)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	20	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>20</u> slots)</i>	<hr/>	<hr/>
0003AB	Diagnostic and Emergency Care: Aged 13 and Older.  (See Section C Paragraph C.5.3)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	40	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i>	<hr/>	<hr/>
003BA	Traditional Group Home Care  (See Section C Paragraph C.5.4)  Maximum residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	81	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>	<hr/>	<hr/>

Item No.	Supply/Services	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Child Per Day)</u>	<u>Not to Exceed Amount</u>
0003BB	Specialized Group Home Care (Level III)  (See Section C Paragraph C.5.5)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	34	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>	<hr/>	<hr/>
0003CA	Independent Living Main Facility Programs  (See Section C Paragraph C.5.6)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i>	<hr/>	<hr/>
0003CB	Independent Living Residential Units  (See Section C Paragraph C.5.7)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i>	<hr/>	<hr/>
0003CC	Assisted Living (Level III)  (See Section C Paragraph C.5.8)  <b>Guaranteed Minimum Amount is \$1000.00</b>	16	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i>	<hr/>	<hr/>
0003CD	Teen Parent Programs  (See Section C Paragraph C.5.9) Maximum # of Teen Residents: 8 <b>Guaranteed Minimum Amount is \$1000.00</b>	65	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>24</u> slots)</i>	<hr/>	<hr/>

0003CE	<p>Community Based Return Diversion. (See Section C. Paragraph C.5.10) 0</p> <p>Maximum Residents: 8 <b>Guaranteed Minimum Amount is \$1000.00</b></p>	45	<p><u>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</u></p>	<u>                    </u>	<u>                    </u>
0003CF	<p>Specialized Group Home Care (Level IV)</p> <p>(See Section C Paragraph C.5.5)</p> <p>Maximum Residents: 8 <b>Guaranteed Minimum Amount is \$1000.00</b></p>	6	<p><u>*(Offeror shall propose no fewer than 4 slots and no more than 6 slots)</u></p>	<u>                    </u>	<u>                    </u>
0003CG	<p>Assisted Living (Level IV)</p> <p>(See Section C Paragraph C.5.8) <b>Guaranteed Minimum Amount is \$10000.00</b></p>	4	<p><u>                    </u></p> <p><u>*(Offeror shall propose no fewer than 4 slots)</u></p>	<u>                    </u>	<u>                    </u>

B.9.4 OPTION PERIOD 3: 10/1/06 THROUGH 9/30/07

Item No.	Supply/Services	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Child Per Day)</u>	<u>Not to Exceed Amount</u>
0004AA	Diagnostic and Emergency Care: Aged 12 and Younger.  (See Section C Paragraph C.5.2)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	20	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>20</u> slots)</i>		
0004AB	Diagnostic and Emergency Care: Aged 13 and Older.  (See Section C Paragraph C.5.3)  Maximum residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	36	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i>		
004BA	Traditional Group Home Care (See Section C Paragraph C.5.4)  Maximum residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	81	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>		

Item No.	Supply/Services	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Child Per Day)</u>	<u>Not to Exceed Amount</u>
0004BB	<p>Specialized Group Home Care (Level III)</p> <p>(See Section C Paragraph C.5.5)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	30	<p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>30</u> slots)</i></p>		
0004CA	<p>Independent Living Main Facility Programs</p> <p>(See Section C Paragraph C.5.6)</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	100	<p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i></p>		
0004CB	<p>Independent Living Residential Units</p> <p>(See Section C Paragraph C.5.7)</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	100	<p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots)</i></p>		

Item No.	Supply/Services	<u>Maximum Quantity to be Contracted By CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Child Per Day)</u>	<u>Not to Exceed Amount</u>
0004CC	<p>Assisted Living (Level III)</p> <p>(See Section C Paragraph C.5.8)</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	16	<p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots</i></p>		
0004CD	<p>Teen Parent Programs</p> <p>(See Section C Paragraph C.5.9)</p> <p>Maximum # of Teen Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	59	<p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>24</u> slots</i></p>		
0004CE	<p>Community Based Return Diversion.</p> <p>(See Section C. Paragraph C.5.10)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	36	<p><i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots</i></p>		

0004CF	<p>Specialized Group Home Care (Level IV)</p> <p>(See Section C Paragraph C.5.5)</p> <p>Maximum Residents: 8</p> <p>Guaranteed Minimum Amount is \$1000.00</p>	5	<p>_____  *(Offeror shall propose no fewer than 4 slots and no more than 5 slots)  _____</p>	_____	_____
0004CG	<p>Assisted Living (Level IV)</p> <p>(See Section C Paragraph C.5.8)</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	4	<p>_____  *(Offeror shall propose no fewer than 4 slots)  _____</p>	_____	<p>_____</p> <p>_____</p>

**B.9.5 OPTION PERIOD 4: 10/1/07 THROUGH 9/30/08**

<b>Item No.</b>	<b>Supply/Services</b>	<b><u>Maximum Quantity to be Contracted by CFSA</u></b>	<b><u>Offeror's Proposed Quantity</u></b>	<b><u>Unit Price (Child Per Day)</u></b>	<b><u>Not to Exceed Amount</u></b>
0005AA	Diagnostic and Emergency Care: Aged 12 and Younger.  (See Section C Paragraph C.5.2)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	20	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than 20 slots)</i>	<hr/>	<hr/>
0005AB	Diagnostic and Emergency Care: Age 13 and Older  (See Section C Paragraph C.5.3) Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	32	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots)</i>	<hr/>	<hr/>
005BA	Traditional Group Home Care  (See Section C Paragraph C.5.4)  Maximum Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	72	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>32</u> slots)</i>	<hr/>	<hr/>
0005BB	Specialized Group Home Care (Level III)  (See Section C Paragraph C.5.5)  Maximum Residents: 8 <b>Guaranteed Minimum Amount is \$1000.00</b>	27	<hr/> <i>*(Offeror shall propose no fewer than 4 slots and no more than <u>27</u> slots)</i>	<hr/>	<hr/>

<b>Item No.</b>	<b>Supply/Services</b>	<b><u>Maximum Quantity to be Contracted By CFSA</u></b>	<b><u>Offeror's Proposed Quantity</u></b>	<b><u>Unit Price (Child Per Day)</u></b>	<b><u>Not to Exceed Amount</u></b>
0005CA	Independent Living Main Facility Program  (See Section C Paragraph C.5.6)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots</i>		
0005CB	Independent Living Residential Units  (See Section C Paragraph C.5.7)  <b>Guaranteed Minimum Amount is \$1000.00</b>	100	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>56</u> slots</i>		
0005CC	Assisted Living (Level III)  (See Section C Paragraph C.5.8)  <b>Guaranteed Minimum Amount is \$1000.00</b>	16	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>16</u> slots</i>		
0005CD	Teen Parent Programs  (See Section C Paragraph C.5.9)  Maximum # of Teen Residents: 8  <b>Guaranteed Minimum Amount is \$1000.00</b>	53	<i>*(Offeror shall propose no fewer than 4 slots and no more than <u>24</u> slots</i>		

0005CE	<p>Community Based Return Diversion.</p> <p>(See Section C. Paragraph C.5.12)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	32	<p><u>*(Offeror shall propose no fewer than 4 slots and no more than <b>32</b> slots</u></p>		
0005CF	<p>Specialized Group Home Care (Level IV)</p> <p>(See Section C Paragraph C.5.5)</p> <p>Maximum Residents: 8</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	4	<p><u>*(Offeror shall propose no fewer than 4 slots</u></p>		
0005CG	<p>Assisted Living (Level IV)</p> <p>(See Section C Paragraph C.5.8)</p> <p><b>Guaranteed Minimum Amount is \$1000.00</b></p>	4	<p><u>*(Offeror shall propose no fewer than 4 slots</u></p>		

\*\*\*\*END OF SECTION B\*\*\*\*

----- **END PART II** -----